

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
BOARD OF OSTEOPATHIC REGISTRATION

AND EXAMINATION

1033 So. Washington Ave., Lansing, Michigan 48926

APPLICATION FOR CERTIFICATE OF REGISTRATION

Please Type or Print. Attach additional sheets, if necessary.
You will be notified by mail of examination dates.

SEX

Male

Female

DATE OF BIRTH
(mo., day, yr.)

NAME (Last, First, Middle)

Social Security No. **47-3938**

ADDRESS (No. and street, city, state, zip code)

**21347 Blawell Apt 22
Farmington Hills Michigan 48024**

ARE YOU A UNITED STATES CITIZEN

Yes

No

IF "NO", HAVE YOU DECLARED YOUR INTENTION TO BECOME A U.S. CITIZEN

Yes

No

PLACE OF BIRTH (City, state)

New York City, New York

WHERE DO YOU INTEND TO LOCATE?

Michigan

A. EDUCATION (ENCLOSE PHOTOSTATIC COPY OF DIPLOMA FROM OSTEOPATHIC COLLEGE WHERE YOU GRADUATED)

Name of School	Address of School	Dates Attended		Graduation Date	Type, and date of Degree Granted or Credits
		From	To		
North Miami Senior High School	Piney Blvd, North Miami, Florida	1962	1965	June 1965	xxxxx
Tulane University	New Orleans, Louisiana	1965	1969	May 1969	B.A.
Kansas City College of Osteopathic Colleges	Kansas City, Missouri	1969	1973	May 1973	D.O.
Kansas City College of Osteopathic Medicine	Kansas City, Missouri	1969	1973	May 1973	D.O.

OTHER DEGREES

NONE

POST GRADUATE

(List Courses)

B. TRAINING

Name of Hospital	Address of Hospital	From	To	Dates Attended
Fieger-Botsford Osteopathic Hospitals Inc.	28650 Grand River Ave, Farmington Hills, Michigan 48302	July 1, 1973	June 30, 1974	
RESIDENCY				

RESIDENCY

C. EXPERIENCE

Name and Address of Places Where You Have Practiced	Address	From	To	Dates Practiced
None	None			

FEES: Examination \$35.00
Reciprocity \$75.00
Make check or money order payable in U.S. currency,
to: STATE OF MICHIGAN - OSTEOPATHY
(Do not write in this space)

D. OSTEOPATHIC LICENSES HELD

Name of State
Issuing License

Names of References in State
(Give two for each state)

ADDRESSEES
C. H. THREKELD, JR., D.O.
5144 WALNUT GROVE RD.
MEMPHIS, TN. 38117
BOX 390

Tennessee

① C.H.Threlkeld, Jr., D.O.
② Paul Grayson Smith, D.O.

PAUL GRAYSON SMITH, D.O.
PIKEVILLE, TN. 37367

REFERENCES (List two practicing osteopathic physicians)

NAMES

Louis Spagnolo, D.O.

Paul Heike

ADDRESSES

209 Grand River, Lansing, Michigan 48901
2805 Grand River, Lansing, Michigan 48901

F. OSTEOPATHIC OR MEDICAL SOCIETY MEMBERSHIP

Name

Address

American Osteopathic Association

212 East Ohio Street
Chicago, Illinois 60611

Michigan Association of Osteopathic Practitioners
Michigan Physicians and Surgeons

33100 Frechka Road
Farmington, Michigan 48336

G. CHECK YES OR NO

YES

NO

1. Are you addicted to the use of intoxicants or narcotics?
 2. Have you ever been refused examination by any state healing arts licensing board?
 3. Have you ever failed examination given by any licensing board?
 4. Have you ever been charged with, or convicted of a crime of the grade of felony or misdemeanor involving moral turpitude?
 5. Have you ever had a license to practice any method of the healing art revoked for any cause?
 6. Are you now, or have you ever been directly or indirectly associated with an advertising physician, or an advertising osteopathic or medical office?
 7. Have you ever been rejected for membership by an Osteopathic Society?
 8. Does your physical condition prevent you from satisfactorily practicing osteopathy?
- IF ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, EXPLAIN FULLY, GIVING DATES, LOCATIONS AND CIRCUMSTANCES.

9. Do you understand that if issued the license asked for, it will be on the truth of the statements contained herein, which, if false, will subject you to criminal prosecution?

Yes No

H. RECIPROCITY OR ENDORSEMENT
 (Submit photostatic copy of current license)

STATE OF TENNESSEE DATE 6/13/24

TO BE FILLED IN BY THE SECRETARY OF THE BOARD WHICH ISSUED THE LICENSE:

I certify that, to the best of my knowledge, the entries in this application are true. I believe that the applicant is worthy of endorsement for registration by the Michigan State Board of Osteopathic Registration and Examination. The applicant's license has not been cancelled or revoked and is now in full force.

The applicant was examined by Tenn Bd Osteopathic Examination & Registration
 (Name of State Board)

He received the following grades:

SUBJECT	GRADE	SUBJECT	GRADE
General average	87.2	Tennessee Basic Science Ortho Surgery	93
OB - Gyn	77	Reprint of certificate of certified copy of the follow Gynecology is on file:	99
Osteopathic Principles	85	Anatomy	87
Medicine	90	Physiology	84
		Chemistry	85
		Pathology	80
		Microbiology	88

SEAL OF
 STATE BOARD

SIGNATURE John H. Morrison, D.O.
(Secretary of State Board)

DATE 6/13/24

I. RECOMMENDATION

(To be given by the officers of an osteopathic society, or if this is not possible, by two physicians who are members of an osteopathic organization)

We certify that, to the best of our knowledge, the entries in this application are true. The applicant is a member in good standing in this Osteopathic Society. We believe that the applicant is worthy of endorsement for registration by the Michigan State Board of Osteopathic Registration and Examination.

Michigan Association of Osteopathic Physicians and Surgeons, Inc. DATE July 2, 1974

SEAL OF
 OSTHEOPATHIC
 SOCIETY

Maynard J. Amelon, D.O.

John H. Morrison, D.O.
(President's Signature)
(Secretary's Signature)

J. APPLICANT'S OATH

State of _____

County of _____

Detroit

I, *Alvin R. Klets*, hereby certify under oath that I am the person named on this application for license to practice osteopathic medicine and surgery in the State of Michigan. That all statements I have made therein are true; that the enclosed photo is a true one of me, and was made within the last sixty days; that, in consideration of the issuance to me of a license to practice osteopathic medicine and surgery in the State of Michigan, I hereby swear that I shall abstain from unethical advertising, as interpreted by the code of ethics of the American Osteopathic Association or the Michigan Association of Osteopathic Physicians and Surgeons, deceptive and fraudulent methods of practice and from the immoral, unprofessional and unethical conduct, and I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of the said license and the withdrawal of the rights and privileges that accrued to me thereunder.

Subscribed and sworn to before me this _____

Signed *Alvin R. Klets* on the day of June, 1924

(Notary's Seal)

Notary Public in and for Notary Public, Oakland County, Michigan
My Commission Expires March 13, 1924

INSTRUCTIONS TO APPLICANTS

This application is a permanent record, write legibly. This application will not be received for examination unless Oath is sworn to.

This application must be accompanied by: (1) a fee of \$35.00 for examination, \$75.00 for reciprocity; (money order, draft or certified check payable in U.S. currency to State of Michigan - Osteopathy; (2) a recent (within 60 days) mounted photo not to exceed 2" by 2". Signature of applicant must be written across bottom of photo; (3) if reciprocity, a photograph or Photostatic copy of diploma and State license.

Dates of examination will be furnished by the Secretary.

A certified photograph or photostatic copy of diploma must be presented to the Secretary before starting examination.

Name _____
Address _____
Fee Received _____ For _____ Date _____
Examination _____ Date _____
Re-Examination _____ Date _____
Certificate granted by Board (Date) _____ Date license issued _____
Certificate No. _____ Date of interview _____
Certificate sent by _____, Secretary

BOARD MEMBERS

1. _____ President
2. _____ Secretary

NAME		LICENSE NO.	BIRTHDATE	COLLEGE ATTENDED
ROSENTHAL, ALAN STEVEN		R-6626	6/26/47	KCCOM
ADDRESSES		GRAD. DATE 1973	LIC. DATE 8/9/74	RECIPROCITY STATE Tennessee/Kentucky
EXAMINATION		Yr.	Date	RENEWALS
SCORES			Am't	P.G. Credit
Average	Anatomy			
Bact.				
Chem.				
Diag.				
E. Ent.				
Embry. & Hist.				
Gyn.				
Hyg. & P.H.				
Med. Juris.				
Neuro Neu-Psy.				
Ob.				
Path.				
Ped.				
Phys.				
Prin. & Prac.				
Surg.				
Tox. & Pharmac.				
Urol. & Syph.				

DEPT. OF LIC & REG.
OSTEOPATHIC HISTORY CARD

LOSS-80 (10/69)

Complaints, Invest., etc.
on reverse side.

Continued on reverse side.